

**SAMARITANS**



# Out of sight, out of mind:

Why less-well off, middle-aged men  
don't get the support they need

April 2020

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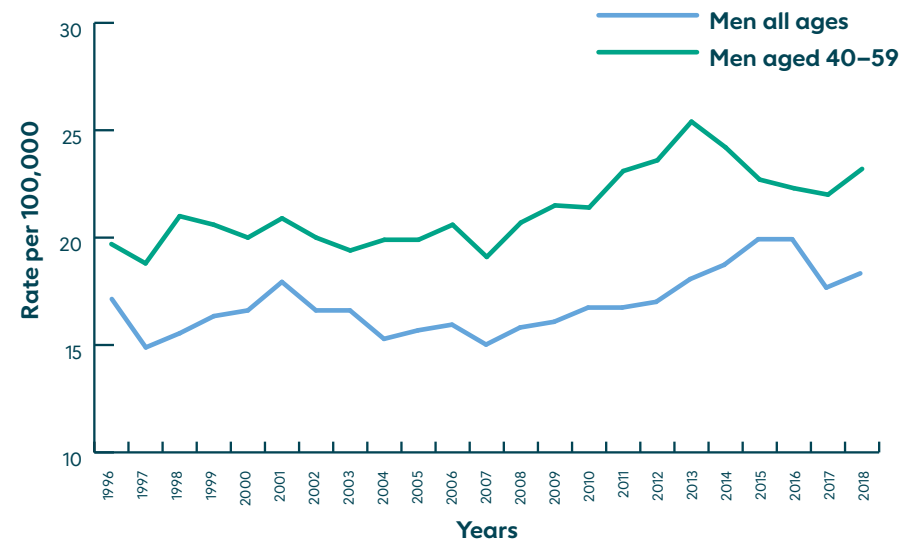
# Introduction

In the UK and Ireland men are three to four times more likely to die by suicide than women<sup>1</sup>. Research also tells us that men who are less well-off and living in the most deprived areas are up to 10 times more likely to die by suicide than more well-off men from affluent areas<sup>2</sup>. Middle-aged men in the UK and Ireland also experience higher suicide rates than other groups, a fact that has persisted for decades.

## United Kingdom

Over the past two decades, middle-aged men (aged 40–59) in the UK have experienced the highest average suicide rate of any age group. During this time, suicide rates for middle-aged men have fluctuated, as shown in Figure 1. However, this group have consistently experienced higher suicide rates than other groups, and over the past decade, men in their 40s have had the highest suicide rates of any age or sex. Following a period of steady or declining rates over almost 30 years, the suicide rate for middle-aged men rose following the recession in 2008. While rates reduced from 2014–2017, they have remained higher than any year since the early 1990s, and may be rising once again.

Figure 1. UK suicide rate per 100,000 for men aged 40–59 years and men all ages, 1996–2018



Data source: Analysis of Office for National Statistics data, 2019<sup>3</sup>

## Ireland

Over the past two decades, middle-aged men (aged 45–54) in Ireland have experienced the highest average suicide rate of any age group. Following a period of relatively steady rates since the late 1990s, the suicide rate for middle-aged men rose significantly after the recession in the late 2000s.

1 C. Simms et al., 'Suicide Statistics Report: Latest Statistics for the UK and Republic of Ireland.' (Surrey, UK: Samaritans, 2019).  
2 S. Platt, 'Inequalities and Suicidal Behaviour', in International Handbook of Suicide Prevention: Research, Policy and Practice, ed. R. O'Connor, S. Platt, and J. Gordon, 1st ed., Book, Section vols (Wiley-Blackwell, 2011), 211.  
3 ONS, 'Suicides in the UK, 1981 to 2018', 2019, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesintheunitedkingdomreferencetables>

As Figure 2 shows, the rise in suicide rates was much steeper for middle-aged men than for men in general. Over the longer term, middle-aged men have consistently faced higher suicide rates than other sex and age groups. While rates have been reducing since 2011, the gap between middle-aged men and other age groups remains considerably larger than it was in the 1990s.

**Figure 2. Ireland suicide rate per 100,000 for men aged 45–54 years and men all ages, 1996–2018 (3 year rolling averages)<sup>4</sup>**



Data source: Analysis of Central Statistics Office data, unpublished

### What do we know about preventing suicide in less well-off, middle-aged men?

Suicide is not only a problem of gender inequality, but also one of social inequality, as shown in Samaritans' *Men Suicide and Society*<sup>5</sup> and *Dying from Inequality*<sup>6</sup> research reports.

*Men Suicide and Society* in 2012 explored the unique factors affecting middle-aged men, particularly those on the lowest incomes, living in the most deprived areas. This helped build an understanding of why this group of men are at such increased risk of suicide compared to others. Suicide is complex and is the result of a range of psychological, social, cultural and economic factors, which will differ by individual and group. The research showed that factors such as relationship breakdown, unemployment and not having the same type of social network as most women, have a role in increasing their risk.

Over recent years, there has been a positive focus on breaking down barriers and stigma around mental health, and encouraging men to seek help. However, there is still a lack of understanding of what works to prevent suicide among this group.

This new research seeks to build on what is already known about the reasons for the high rates of suicide among less well-off, middle-aged men, by exploring what can be done to drive change. It is vital for us to understand, from men's perspectives, what works for them to help and support them through tough times.

This report brings together the findings of the first stage of the research, which included a review of the evidence relating to existing wellbeing support and suicide prevention services, and primary ethnographic research with this at-risk group (see methodology below). It explores the lived experience of less well-off, middle-aged men and how community-based support services can be made more appealing and effective for them.

<sup>4</sup> Due to the small number of deaths within age bands, the suicide rate has been calculated across 3 year rolling averages.

<sup>5</sup> C. Wyllie et al., 'Men, Suicide and Society. Why Disadvantaged Men in Mid-Life Die by Suicide.' (Surrey: Samaritans, 2012).

<sup>6</sup> S. Platt et al., 'Dying from Inequality: Socioeconomic Disadvantage and Suicidal Behaviour.' (Surrey: Samaritans, 2017).

## Research objectives

The aim of the first phase of this research is to improve our understanding of the type of support that may help less well-off, middle-aged men and reduce their risk of suicide.

The research objectives were to:

- Understand the quality of the evidence base for existing wellbeing support and suicide prevention services that are applicable to less well-off, middle-aged men, and where further evidence or evaluation is required.
- Understand the experiences of the target group, including how this impacts on help-seeking behaviours and the effectiveness of wellbeing support.
- Understand which characteristics of existing support services seem to appeal to, or have a positive impact for, this group.

Following on from this report, we will run a series of collaborative workshops with less well-off, middle-aged men to deepen our understanding of what support may work for them.

## Methodology

To meet our objectives for this phase of research, we undertook:

- Primary research with less well-off, middle-aged men who had experience of feeling low or suicidal.
- Thematic and journey-mapping analysis of men's experiences.
- A rapid assessment to capture existing evidence of what works to support middle-aged and/or less well-off men who are struggling to cope or experiencing suicidal thoughts or behaviour.

### Primary research

In-depth qualitative research was undertaken with 16 less well-off, middle-aged men using two methodologies:

- A series of one-to-one in-depth ethnographic interviews with 10 men across the UK and Ireland. Ethnographic research centres on taking the researcher out of controlled research environments to understand the world as it is lived by people who wouldn't normally participate in structured research programmes. In this project, it involved spending extended periods of time with less well-off, middle-aged men to more fully understand their lives and challenge assumptions about what might work around suicide prevention. An ethnographic approach was chosen to ensure a detailed understanding of their lives was developed.
- In addition, we carried out a place-based ethnographic visit to a men's social community group in Wales, carrying out shorter interviews with six men. This allowed us to speak to a slightly different demographic group, who we found through recruitment were less likely to engage in long-form ethnographic interviews.

The men in our sample were aged between 40–59, and either earning below the UK/Ireland median income and/or finding it hard to manage financially. The men ranged from those who feel low through to those who have had suicidal thoughts or behaviours in the past. We also ensured the overall sample included men who had tried a range of support types and experienced a range of risk factors (such as unemployment, relationship breakdown and social isolation).

Suicide is complex and there are a wide range of social and psychological risk factors affecting less well-off, middle-aged men. Through extended interviews, researchers were able to map how different factors in their lives had interacted and influenced their wellbeing, and in several cases were linked to suicidality.

Analysis involved mapping the journeys of these men, understanding the factors which placed them at greater risk of suicide, understanding where in their journeys there might have been opportunities for proactive support, and understanding the characteristics of initiatives that men had engaged with that worked well.

### Recruitment approach

Researchers led recruitment, supported by a team of 'intermediaries'. These intermediaries were individuals who work within or are connected to a specific local area (eg, community group leaders, charity workers, well-connected local people, leaders of sports groups). They helped identify and introduce potential candidates for the research from their own networks or communities. By not solely taking traditional research approaches to recruitment, via existing research 'panels' of people who might have indicated an interest in taking part in research, we achieved greater depth in our recruitment and could reach those individuals less likely to engage in research.

### Evidence review

The project started by issuing a call for evidence and conducting a rapid evidence assessment.

The rapid evidence assessment involved a literature search using pre-decided keywords to identify evidence relating to existing wellbeing support for less well-off, middle-aged men – both specific suicide prevention support and wellbeing initiatives targeting men or low-income groups in general. Through this process we reviewed approximately 45 relevant documents. This was supplemented by a call for evidence, which aimed to capture evidence not publicly available. This was promoted via social

media and direct mail to organisations such as local authorities, healthcare organisations, mental health charities and community organisations. There were a total of 20 responses to the call for evidence. Through this, the evidence base behind effective interventions, solutions or support to reduce risk of suicide was assessed. This is reported in Chapter 3 of the report. See Acknowledgments (page 35) for a full list of the organisations who responded to the call for evidence.

## This report

The structure of this report reflects three stages of our analysis:

- **In Section 1** 'Understanding the lives of less well-off, middle-aged men', we explore men's experience of problems in their lives, and in society, that contribute to increased risk of suicide;
- **In Section 2** 'Missed opportunities', we explore the missed opportunities in the men's lives, when the men began to struggle and would have benefited from support; and
- **In Section 3** 'What does this mean for supporting men?' we bring together lived experience and our assessment of the evidence around effectiveness of support services to set out proposed characteristics of initiatives that might work better at engaging with and supporting this group of men when they may be struggling to cope, or even before they reach that point.

The findings of this report, and the action that is needed, are relevant to multiple audiences, including local authorities, government departments and service providers.

# 1. Understanding the lives of less well-off, middle-aged men

From previous Samaritans research, we know that there are many risk factors which lead to increased risk of suicide in middle-aged men, including exclusion from a changing labour market, cultural shifts in ideas of 'how to be a man', relationship breakdown and social disconnection<sup>7</sup>.

This chapter explores how these risk factors played out in the lives of the men we spoke to, from childhood to present day.

Our findings demonstrate how these challenges made it more difficult for the men to form positive relationships, maintain stable employment and engage in purposeful activity. By the time we spoke to them, the men we interviewed had been struggling with poor mental health, and in some cases suicidal thoughts and behaviours, for some time. Alongside effective community-based support services, tackling systemic challenges is vital for reducing suicide rates among less well-off, middle-aged men.

The following sections describe these findings in more detail in relation to social connection and purposeful activity.

<sup>7</sup> Wyllie et al., 'Men, Suicide and Society. Why Disadvantaged Men in Mid-Life Die by Suicide.'

<sup>8</sup> L. Hawkey and J. Cacioppo, 'Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms', *Annals Of Behavioral Medicine: A Publication Of The Society Of Behavioral Medicine* 40, no. 2 (2010): 218–27, <https://doi.org/10.1007/s12160-010-9210-8>; J. Cacioppo et al., 'Loneliness as a Specific Risk Factor for Depressive Symptoms: Cross-Sectional and Longitudinal Analyses', *Psychology and Aging* 21, no. 1 (2006): 140–51, <https://doi.org/10.1037/0882-7974.21.1.140>.

<sup>9</sup> A. Stravynski and R. Boyer, 'Loneliness in Relation to Suicide Ideation and Parasuicide: A Population-Wide Study', *Suicide & Life-Threatening Behavior* 31, no. 1 (2001): 32–40.

<sup>10</sup> Wyllie et al., 'Men, Suicide and Society. Why Disadvantaged Men in Mid-Life Die by Suicide.'

## Social connection

A common theme running across the experiences of the men we spoke to was how disconnected most of them were – from the people, places and networks around them. Many had spent significant periods of their lives with few meaningful connections.

We know that strong social connections are one of the strongest predictors of positive emotional wellbeing, while persistent loneliness can pose a significant risk to health and wellbeing<sup>8</sup>. Further, we know that there is an association between suicide and loneliness<sup>9</sup>. This can be a particular issue for men: *Men, Suicide and Society* highlighted that men tend to feel more lonely than women, even when they are not socially isolated<sup>10</sup>. It also highlighted that, in general, men tend to have fewer meaningful connections than women and their social networks can be less supportive. Most of the men we spoke to, through this research, had experienced a lack of meaningful connection from their earliest years.



## Early social connections

Most of the men we spoke to had experienced early upheaval or childhood trauma that they said made developing strong social bonds later difficult. For some this was a damaging school experience, for others substance misuse which started very young, while for others it was due to family breakdown during childhood. The men reported that these often related experiences compounded one another.

A number of men commented that, from an early age, they had sometimes struggled with friendships, either as a result of bullying or finding it hard to maintain meaningful relationships. This theme would continue to appear throughout their lives, with many of the men feeling unable to change this and create stronger bonds.

**David** was “bullied to death” at school and points to this as an important part of his early teenage years. Reflecting on this experience, David noted that “things like that leave an indelible mark” which is hard to forget.

**Peter** only really had his sister as a companion from a young age. He felt isolated from other children, partially as a result of his mother who struggled with her mental health. “As children we were afraid of talking, laughing, anything like that.”

**Ian** reflected on how “I was more interested in animals, chickens...my best friend was my dog, so I was a bit of an oddball... Everyone my own age seemed to be getting on well. I was alone and I didn’t have anybody and I couldn’t see a way of ever having anybody.”

**John** said “The relationship with my father, dreadful. Because when my father drank he would fling things off the wall, and he knew that me and sister were absolutely terrified of him.”

Struggles with familial relationships were also frequently cited within the men’s experiences. In childhood, experiences such as witnessing domestic violence were identified as placing immense pressure on the men we spoke to. Relationships with parents were almost always strained and it was notable how many respondents spoke of the sense that they were considered a disappointment, or unwanted, by one or both parents. The desire to be judged positively by family members, including their own children, was in some cases a protective factor that helped men maintain a positive sense of identity and purpose. However, this could also have negative effects when relationships dwindled or faced challenges.



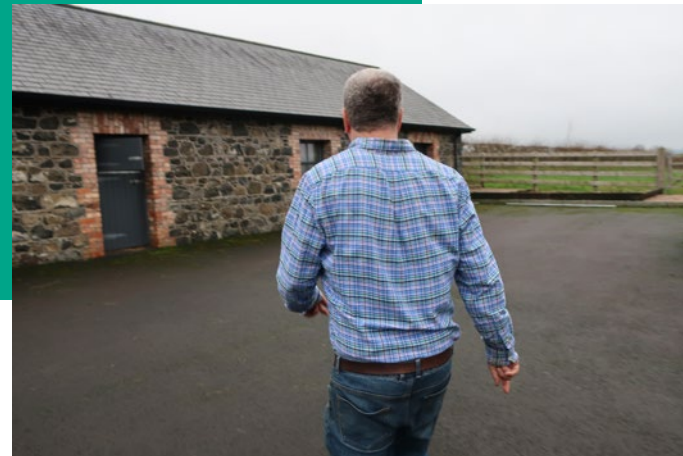
**Peter** has struggled with confidence all of his life. When talking about his love for playing the guitar he commented that at the moment "I haven't the confidence yet to go out and play in front of people." Instead, he sits and plays alone at home. Peter feels that this is connected to his childhood where he was 'put down' or even mocked by teachers and sometimes his parents.

**David** was a young teenager when his parents got divorced. This placed immense pressure on him. David describes how he became 'the man of the house' and felt responsible for looking after his younger sisters. "I went to bed that day at 13, I got up I was 18... a counsellor told me recently that he thinks my problems link back to that time." Later in life, David's family became his main priority. David's daughter started living with him seven years ago when she was nine years old. "It was positive but obviously my life changed massively. After our relationship broke down and she moved out last year, I didn't know what to do with myself. I was just rattling around the house alone."

**Satnam's** parents separated for around three to four years when he was growing up, placing tensions on the family. "Those cracks never disappear." Although his parents got back together eventually, this period stands out and highlighted divides between his father and his mother's side of the family. Throughout his life Satnam has experienced periods of tension within his family that had made it hard to open up to his parents and share problems.

Three of the men we talked to discuss the strain placed on family relationships as a result of struggling with their sexuality before coming out as gay later in life. They reflected that a lack of visible gay role models at that time and the societal expectations around marriage and parenthood, had made it difficult to acknowledge their own needs or identity. As societal attitudes changed it became increasingly obvious to these men that they would be happier in same-sex relationships, however families were not always understanding, and the process of coming out placed severe strain on relationships.

**Ian** said that "I felt really lonely at 17, going through all the emotions about my sexuality. I felt like I was living a lie and not being able to talk to anybody"



## Connections in adult life

Within our research, there are also examples of men who, in their words, had “fallen in with the wrong crowd” at different points during their life. For some, this happened multiple times and resulted in negative effects in other areas of their life. This was particularly true for men who had developed problems with substance abuse, whether that was alcohol or other drugs. For a number of the men, friendships based on shared substance abuse had become the main source of connection. While this was a connection of sorts, they described these friends as being ill-equipped to support them when they needed it. Some described trying to stop drinking or using drugs, and quickly realised the destructive nature of the relationships built around this habit. Not only did these friendships not provide adequate emotional support, they often caused harm.

The stigma of addiction also created significant barriers for those who wanted to reconnect with family, friends, communities and employment, and the men we talked to spoke clearly about the negative spiral of disconnection they had experienced.

**Adam** started drinking from a young age. “I was drinking cider when I should have been drinking orange juice.” Adam’s main circle of friends had developed around drinking in pubs and their homes, rarely involving any interaction outside this core activity. Adam eventually reached a point where he had to stop drinking due to severe stomach pain. Once he had done this, he felt that that it was harder to go out and socialise with friends who would always try to persuade him to have a drink. He does not see these friends in person, but they talk on the phone. “If I do [see them in person] they would just be like ‘have a can, have a can, have a can’. I don’t want that, so it is best to stay away from that circle.” “I used to have a lot of friends. Now they got

married, had their own families, and got on with their own lives. At the same time I was still drinking heavily and they did not want anything to do with that because they were married and had children and so had a lot of responsibilities.”

**George** has struggled with substance addiction for large periods of his life. He explained how this came in cycles and was very hard to escape. “I stayed clean for about nine months, again various dead-end jobs... fell back in with the same crowd, started using again...” This process repeated itself for around a decade.

It’s important to say that their lives were not all negative. Some described positive experience around building families of their own, being married and having children. However, it was notable that many of the men did not currently have strong relationships with their families. Most of the men interviewed had experienced unstable or volatile family relationships over the course of their lives, both in relation to their own parents and siblings, and later with partners and children. For almost all, family connections seemed to have dwindled over the years and few had enduring strong bonds with more than one or two family members.

**Jack** said “I’ve never had much contact with my family.” This was in part driven by Jack moving away from his family at an early age. Jack points to how his second wife is very strongly connected to her family and he does not share this same connection. At times, this means that he struggles to fit in.

**Tom** has lost touch with his younger sister, he feels because of his schizophrenia and drug addiction, and has not been able to make up with her since getting sober two years ago.

When growing up and as a young man, **Satnam** experienced a strained relationship with his father. "My father was a very angry young man... he saw his role as being the breadwinner." After stopping wearing his turban and cutting his hair, Satnam and his father did not speak for two years. His father struggled to acknowledge this decision and this led to Satnam feeling somewhat isolated.

**Fred** had little contact with his father, now deceased, who remarried after splitting up with Fred's mother. Although he has a good relationship with his mother and they are frequently in touch over the phone, he has no family living in the UK as both his mother and his brother live abroad.



## Help-seeking when feeling low

Some men we spoke to were not open with family members about the difficulties they were facing. For some, they wanted to avoid feeling like a burden. For others, their perceived role as a father, partner, brother or son meant they felt it wasn't their place to open up. Men seemed to be wrestling with their desire to be seen as able to cope independently and resist feeling burdensome to others, and to feel needed and valued. This reflects what we know from previous studies into the role of masculinity in suicide risk<sup>11</sup>. These studies highlight that for some men, particularly those from lower socioeconomic backgrounds, they can feel constrained by expectations of the male 'role' placed on them by society.

**John** said "When you're older and you're the head of the family and you're brought up in an old-fashioned way, the last thing you do is tell a total stranger" "The overwhelming sense of I can't tell [my family], not because I'm ashamed but because I don't want to encroach on their life. That is all encompassing. That takes away any rational thoughts."

**Adam** lost touch with most of his family through his years of alcohol dependency. He also has several children, none of whom he has contact with today. Adam said that he does not talk about what he is struggling with because he does not want to burden the family members that he is still in touch with. He said that he feels like they have been through enough. He is now trying to deal with his demons on his own – "I deal with it in my own way... It is slow, but one step at the time." Adam also said that his family did not know what was going on. "It is easy to fool people."

A number of men described how they withdrew from those around them when they were feeling especially low. This withdrawal was often met with little resistance. Men described their experience of losing connection but struggled to identify moments where others attempted proactively to support them. Formal services, local communities, and in some cases friends and family did not appear to step in. When the men we spoke to were offered support by their family or friends, often at moments of 'crisis', a number said they turned this down or pushed help away. They spoke of the stigma of failure and shame about their situation leading to greater isolation when they were most in need of help.

At his lowest point, **George** wanted to keep his problems away from his family. Reflecting on his relationship with his sisters at this time, George commented that "when I spoke to them I would sit saying I was going to do this and that and get help and never did it... so they just stopped. I'm not sure why I did that".

When **Satnam's** struggles came up during a routine GP appointment, he was offered help for his mental health. Satnam said that "I don't want it anywhere near where I live". This was out of a fear of bumping into someone he knew and being embarrassed.

In many cases, the men we spoke to identified how their behaviour and actions had driven some of these losses in connection. There were many cases where men described situations where they felt they had let people down, treated people badly, refused help and actively retreated from those around them. This had impacted their sense of self-worth and sometimes left them lacking the confidence that they had the necessary skills to sustain relationships, or personal value to offer another person.

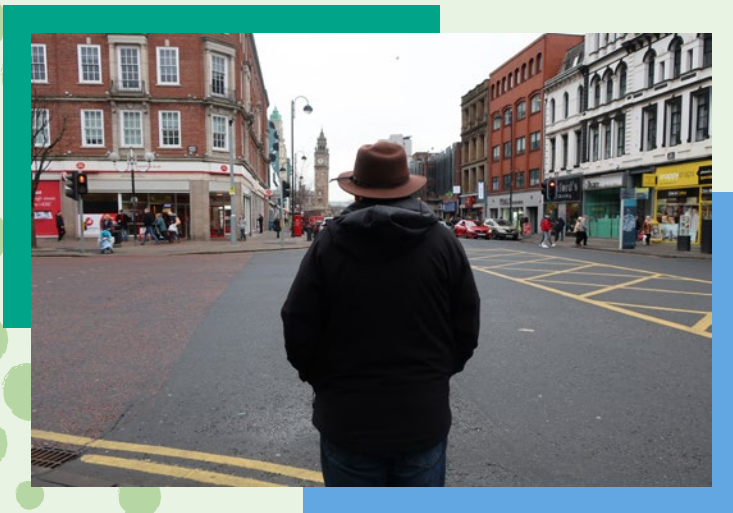
**George** isolated himself from his partner following his redundancy to the point where they could no longer live together. "She tried to do everything" and he just said he would think about it tomorrow. Tomorrow never came. When George's mother came to stay with him for a period of time to try and help him, he hid his drinking problem from her. George pretended that he was seeking help by calling an ex-colleague and making an appointment that he never intended to go to, because she said she wouldn't return home until he'd demonstrated that he was going to change his situation. "I basically got through the week by hiding bottles of wine in my bedroom and going upstairs every half an hour."

The combination of difficulties building meaningful connections from a young age and the steady loss of social connections through their lives meant the men we spoke to were highly disconnected. The result was reduced access to social support when they needed it.

## Purposeful activity

A common theme for the men we spoke to was the importance of purposeful activity in their lives. For some this came through work, which for many was desirable because it gave them a personal sense of purpose and enabled them to support their families.

Most lacked regular activities outside of their employment, with some having given up these activities as they reached middle age in order to prioritise work, family or social activities.



## Fulfilling work and stable employment

We know there is a significantly higher rate of suicide among unemployed, compared to employed, people<sup>12</sup>. We also know that there's a higher suicide rate in some occupations, generally manual and low-paid occupations, than others<sup>13</sup>. Rather than the occupation itself, it is likely to be features of the job – the impact of low pay, a lack of job security and less control over working patterns – that result in increased suicide risk. Several men changed jobs frequently, and a number of the men we spoke to had experienced long periods of unemployment. With a few exceptions, they entered the workforce somewhat at a disadvantage, primarily as a result of struggling in school. This was sometimes because of limited aspiration around education at home or bullying at school.

Everyone that we spoke to discussed the importance and desirability of work. Employment provided an immediate network, even if this was not always appreciated at the time. For many, it also provided a routine and sense of purpose, although this depended somewhat on the nature of the job.

While the research was designed to engage men with lower incomes, and most expressed that they struggled somewhat financially, the men were fairly accepting of their financial situation and rarely reported financial strain as being a primary cause of stress, although it was one of their concerns. There was a strong sense that now, and in their pasts, there were more important things in life than social status or financial success. However, it was important for some of the men to feel able to provide for their families, and employment enabled this. Therefore, for some, being able to provide for their family gave them purpose and fulfilment, even if they did not find their job fulfilling. A lack of money sometimes compounded the sense that they were a failure in life.

12 Stephen Platt and Keith Hawton, *Suicidal Behaviour and the Labour Market*. In Hawton, K. & van Heeringen, K. (Eds.), *International Handbook of Suicide and Attempted Suicide* (Chichester: John Wiley & Sons, Ltd., 2000).

13 Office for National Statistics, 'Suicide by Occupation, England: 2011 to 2015', 2017, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicidebyoccupation/england2011to2015>.

Those who had struggled with long-term mental health issues or who had found school difficult, for whatever reason, often had erratic work histories. Other issues, such as substance abuse, impacted on progression and their ability to stay in work. Once work histories became chequered, the barriers to fulfilling employment became ever larger.

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**Peter** and his partner "got a mortgage which was a commitment I had never wanted to make. I was working long hours during this time". The relationship broke down and he had to sell the house to pay off debts.

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**Jack** left school with no qualifications so had limited work options. "I had a choice as a young man of the merchant navy or the forces, as I had no qualifications."

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After spending time in a young offender's institution, **Adam** worked on and off in construction and as a painter. "I needed to keep myself occupied so that I would not end up getting back into trouble. It was difficult when I was in pain with my back. I got bored because I couldn't move, and just lay on the couch all day."

The end of a period of employment was often connected to a downturn in wellbeing. There are examples across our sample of men who were suddenly unable to work due to an accident or illness. Others had chosen to take a break from work, for example through taking voluntary redundancy. This sudden change often left them more disconnected and unsure of what to do with their time. Often, men did not initially realise how losing a job or being unable to work would impact their social connections and affect their sense of purpose.

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**George** took redundancy after a period of instability at work and "completely underestimated the impact of that ending overnight." He had worked as a support worker for eight years and had the opportunity to do some amazing things. George said "colleagues had become my friends." George then entered a period of shutting himself away and rejecting the help that he was offered.

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**Adam** had to stop working due to chronic back pain 15 years ago – at the age of 43. This meant that he had a lot of time on his hands and he turned to drinking heavily, to the point where he would spend all his money on alcohol. "The money belongs to them – the off-license – because that's where the alcohol is."

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**Satnam** has worked in retail for most of his life and was made redundant in the last two years. He spent a period of around eight months out of work where he felt that "there was no reason for me to wake up." He felt that he was 'spiralling' as his routine came to a halt, to the point where he "...wouldn't bother answering the doorbell."

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After many years working in retail, **Fred** studied bookbinding and started working as a bookbinder. He was bullied in his job and eventually dismissed. Following his dismissal, he started drinking heavily, stopped paying rent and bills and ended up homeless. "I lost everything. What I was wearing and what I could put in a bag. That was all I had, that was it."

At its best, work provided a support network, routine, status and an ability to contribute to their families. We noted that few of the men we spoke to had received much support or encouragement around personal and career development. Most were left to find their own way, even when they were clearly struggling.

There were some men who did work for extended periods of time, but who faced challenges associated with an unsupportive work environment. Some experienced bullying at work or were in workplaces where camaraderie relied on heavy drinking. Some were looking for a change or did not necessarily enjoy their work but felt they needed to carry on in order not to let their family down.

The longest job **Peter** engaged with was as a joiner when he was 17. Peter felt that he needed to stay in this job in order to earn money to spend on alcohol. However, the working environment was toxic and he experienced bullying. "I hated every minute of it... the foreman was a bully". Peter feels that he was exploited by the employer and job agency at the time.

**Ian** has been running the family farm for many years. He likes spending time with animals out in the countryside. However, Ian referred to the pressures of running his own business. After coming out to his wife as gay, he spoke about how he would not leave his wife at the current time both because they are best friends, but also because of the strains this would put on the family and the business.

**Jack** spent a period working in the merchant navy. This would involve spending six months at sea followed by a period of time ashore. Within this environment he would be working 12-hour days in tough conditions – "We're pretty resilient people in the merchant navy". In amongst this was an atmosphere where heavy drinking was seen as normal and integral in building relationships.



## Activities, interests and a sense of purpose

Across our sample it was notable that the men we spoke to lacked much in the way of hobbies, interests or regular activities, both now in their middle age, and for many, going back years. It is difficult to establish in each case whether this is a consequence or cause of disconnection. Generally, it seemed they had deprioritised these activities to accommodate work, family or social activities. Many lacked experiences and connections that made them feel valued, and for a few there were instead long periods of lethargy and lack of activity.

Some men had previously engaged in fulfilling activities at earlier periods in their lives. A number of individuals had enjoyed creative activities, for example music or art, in the past. Another of our respondents had a love for football, which he has recently rekindled. However, at his lowest point he felt unable to even watch matches, let alone play.

**George** had an injury as a young man which prevented him from becoming a professional footballer. George then found himself in different friendship circles. "I think I had a big massive dip in motivation when the football finished". George would then go on to engage in substance misuse which eventually led to spending a period in prison.

**Adam** was in and out of prison from the ages of 16 to 23. He did not develop many hobbies around this time. In later life, he joined a scheme for ex-prisoners which got him involved with woodworking, art and painting. He found a love for painting and decorating, and now really enjoys decorating his own and his sister's home. "I really like keeping a nice and clean home. I saved up for half a year to redecorate."

**David** loved theatre when he was in his teens. He quit in his late twenties to make more time for his work, marriage and children.

It was notable that many of the men who had come through periods of crisis and were rebuilding their lives, had heavily invested in activities that gave them pleasure, built connections and gave them an opportunity to support others. These activities were often recognised as sources of hope, pleasure and stability even when other parts of their lives were still challenging.

## Summary

The findings within this theme reflect previous research from Samaritans' relating to the gender and social inequality of suicide, which affects low-income, middle-aged men. The insights drawn here further our understanding of this group of men's experiences in relation to their sense of self and their relationships with others and how this interacts with their worlds.

The men who were involved in this research were middle-aged, however their problems had often started when they were much younger. These men told us of a lack of social connection and purposeful activity that had existed and increased throughout their lives.

Many of the men we spoke to had spent years of their life 'coping' the best they could without significant support from those around them or through formal services. They felt a strong desire to make a positive contribution to others and society, but often felt unable to. Lacking educational success, struggling with substance misuse and mental ill-health, some found it difficult to maintain consistent employment or social connections and many lacked hobbies. In response they often turned their focus inward and built barriers between themselves and others. This creates serious problems for them as individuals, and it's also a loss for the communities in which they live.

The lives of the men we spoke to demonstrate that their struggles are the result of significant disadvantage and an inequity of available support (both formal and informal). This shows that preventing suicide in this group will not be achieved solely through suicide prevention services or wellbeing support. If we are to prevent more men from struggling, and in some cases attempting to end their own lives, these wider structural disadvantages must be tackled.



## 2. Missed opportunities

The men we spoke to experienced loss of employment, breakdown of relationships and substance abuse, sometimes simultaneously, often interspersed with suicidal feelings and even attempts. Despite being affected by well documented risk factors and coming into contact with statutory services, they still drifted and continued to struggle until they hit a crisis point.

There exists a vacuum of responsibility in which opportunities to engage and support these men, before they hit crisis point, were neglected. This section will explore when and why these opportunities were missed for the men we spoke to.

### Reaching crisis. How bad does it have to get? ↙

Most of the men taking part in this research had to reach a crisis point, where they presented a risk to themselves or others, before support was offered. Some had experienced this multiple times.

Following this crisis point, the men usually spoke of receiving some form of positive support. The quality of this support varied from person to person but was frequently considered too short-term. For most, this was the first time they'd received help or support.



## High threshold for support

Very few of the men we spoke to reported receiving support for their wellbeing, whether from statutory or community-based services, except at crisis point. Often the men described extreme difficulties over prolonged periods with no support at all. From the men's perspective, the threshold for support appeared to be reached only when they were perceived to be at significant risk of harm to themselves or to others. At this point, some received crisis-related interventions from statutory services – for example, police, medical professionals, therapists, substance abuse services or social workers.

**Tom** was in and out of youth prison and homeless for seven years without anyone noticing or stepping in. He only received support and a diagnosis for his mental health condition after a psychotic episode where he became violent and when the police arrived he was prevented from attempting suicide. After spending the night in police custody a doctor saw him and suggested he should go to the hospital as he needed help and he did not have anywhere else to stay. "At this point I just didn't want to be here... I was in proper crisis".

For many, it was left to determined individuals to break through to these men at difficult moments. For some of the men, support came from persistent and proactive individuals in times of crisis, and occasionally pre-crisis. This could be friends, family or colleagues, but it only really occurred where the men had already formed a strong connection with someone. In some instances, it was a determined individual within a service who noticed and personally committed to supporting them. Although, it often took repeated attempts before this support was accepted.

**George** pushed help away from family and ex-colleagues until the point of crisis (when he came very close to losing his life due to alcohol abuse). He ended up getting help because a friend who George had helped out of addiction forced his way into George's flat and refused to leave until they spoke about what was going on in his life. "there was no plan, it was minute by minute, it helped that I trusted him." One of the workers at a methadone centre noticed that George had been going along to the centre for years without getting better. He stepped in to try and get George to recognise that he needed to get off the methadone, which eventually led him to get better.

After the end of a long-term relationship and being made redundant, **Satnam** felt he was in a downward spiral. His ex-partner suggested that he go to the GP for a general check-up as he was getting older. At one of these appointments, Satnam opened up to the doctor and told him how he was struggling following his relationship and job loss. This idea of going to see someone came from his ex-partner who noticed that Satnam was not being himself. "I only did it because of her."

**Fred's** GP suggested he go to a peer-support group organised by a nurse at the clinic. At first, he didn't want to go and felt forced into it, but he was persuaded. "In a nice way I'd been shanghaied, I'd been press-ganged into it."

From our review of existing evidence, we saw that initiatives do exist at points other than the crisis stage, for example, initiatives which aim to be preventative or awareness-raising. However, the men in our sample had not used initiatives like this, at least not until post-crisis. This may be down to how relevant they felt for the men, or may be a product of time if these initiatives did not exist five-to-twenty years ago at the point before they reached crisis.

## Post-crisis support is rare

There was little consistency across the stories we heard about the approach of statutory services to supporting men to manage their wider problems or concerns at a point of crisis. Services rarely appeared to work together to support men's overall, long term wellbeing.

Following contact with statutory services, some men had been referred to community groups or were given a place in supported accommodation. In some of these cases, the men spoke of this as a 'turning point'. However, many did not receive these onward referrals for more holistic support for their wellbeing.

Since his suicide attempts, **David** has not been in touch with any regular groups. "They put you on medication, then the crisis team come to see you after six weeks for an hour, and give you leaflets that encourage you to ring a stress management class. The last thing you want to do is pick up the phone and ring somebody. They said that 'We can offer you a councillor but there is a six month waiting list'."

Before going to AA, **Peter** made a number of suicide attempts and had been engaged in a toxic and violent relationship. He had been signposted to medical help but didn't take it up because of the stigma attached to doing so. AA helped to change Peter's life. "It's had the biggest impact in my life... I could say what was actually inside my head and people tried to help me."

After **Ian's** first suicide attempt at age 17, he didn't receive any support. He left school, got married and went into farming. His next touchpoint was with Samaritans when he was 49, after his second suicide attempt. "Samaritans was the first person apart from my dog that I talked about it with."

## Pre-crisis: when were opportunities missed?

The men in this research described receiving limited effective support until their 40s and 50s, despite a long period of struggle and decline.

Over their lives, the men themselves hadn't always had the self-awareness or emotional resources to ask for help, or didn't know where to go. We know from previous Samaritans research that, compared to women, men can feel less aware and able to cope with their own emotions or the emotions of others<sup>14</sup>. Yet support services missed a range of clear opportunities to engage.

## When could help step in?

From this research and previous research<sup>15</sup> we know that factors and events that relate to suicide include struggling academically, struggling to start courses or work, difficulty making friends, unexpected illness or injury, redundancy, leaving work or job loss and interactions with the criminal justice system.

The men we spoke to had experienced a range of common life events, Approached differently, these could have been opportunities to provide preventative support much earlier in their lifetime:

- Many had left school with few qualifications and uncertain plans about their next steps.
- Several described years of experiencing low level health conditions that had degraded their quality of life – for example back pain or arthritis – for which some had been in contact with their GP.
- Some had spent time in hospital, as a result of chronic ill-health or acute health episodes – for example involving surgery.
- Others had stopped working as a result of ill-health, experienced redundancy or been forced to leave work.
- Alcohol and drug usage and rehabilitation formed a large part of some of the men's lives.
- Most of the men had had contact with the criminal justice system.
- Some had experienced homelessness.

Each of these events presents an opportunity to 'step in' and support the men, yet this rarely happened.

Figure 3: Summary journey map of contact with services

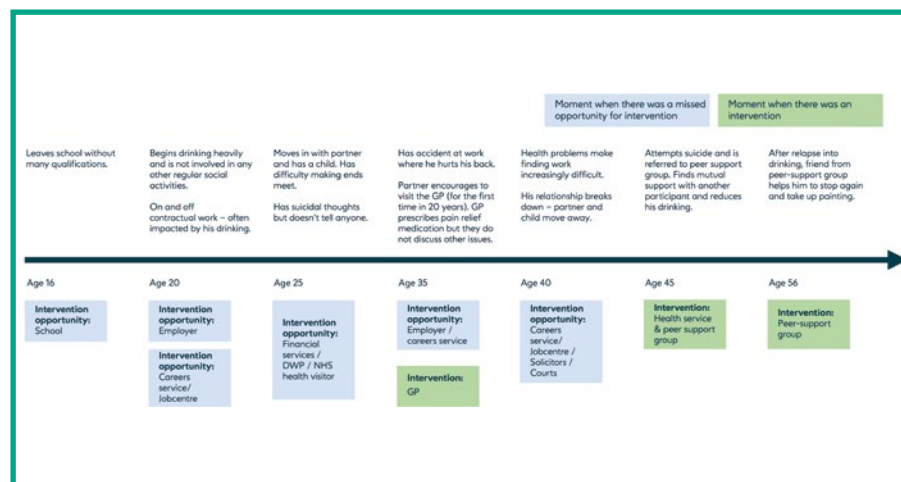


Figure 3 summarises a typical journey, including common experiences, contact with support services, and opportunities discussed by the men we interviewed. This is an example journey – it therefore does not reflect any one person's journey and not everyone we interviewed had faced all these life experiences.

14 Wyllie et al., 'Men, Suicide and Society. Why Disadvantaged Men in Mid-Life Die by Suicide.'

15 Wyllie et al., 'Men, Suicide and Society. Why Disadvantaged Men in Mid-Life Die by Suicide.'

**Ian** struggled to make friends at school. Over the years when he was working on the farm, he had contact with his GP about his back pain. Statutory services only stepped in after his second and third suicide attempts.

**Adam** dropped out of school aged 15. He was in and out of prison seven times between the ages of 16 and 23. Later in life he had insecure work in construction and as a painter. When he was 43, he stopped work due to chronic back pain.

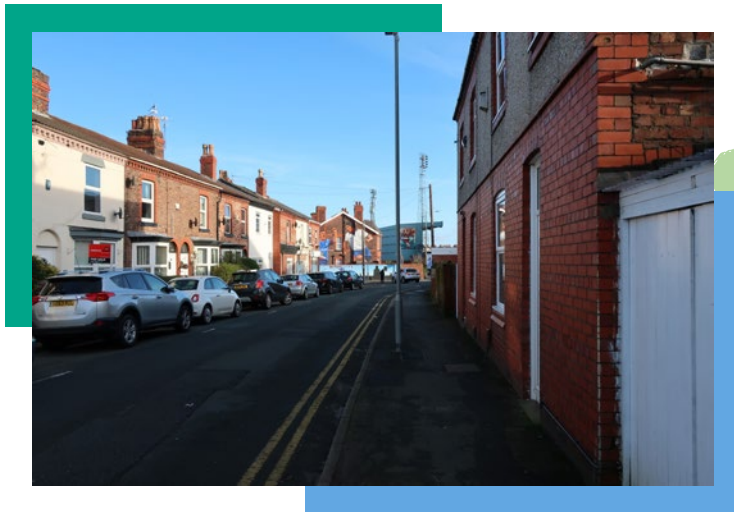
The challenge around accessing and receiving support pre-crises was not lost on the men themselves. They often recognised their own role in creating barriers from potential help and sometimes actively disengaging from services or individuals who were best placed to support them. The men we spoke to experienced brief offers of support with limited follow up from services. Knowing the barriers these men face to reaching out, services need to take a far more proactive and persistent approach to engaging these men.

In addition, people around them (including people working in services) might not be aware they were struggling. As we saw in the previous chapter, these men would often hide that they were not coping, and did not want to burden others. This clearly demonstrates the importance of utilising potential 'touchpoints' that might lead to improved support, and break down potential barriers.

**Adam** is not currently talking to anyone about his problems. His closest connections are his brother and sister, and he does not want to bother them as his family have enough to deal with. He goes to the doctor because of chronic back pain, and one clinician has asked him if he wanted to talk to a counsellor, but the doctor didn't follow him up. Adam has ended up doing nothing about it. He goes on walks and sometimes takes sleeping pills to cope with bad thoughts that he has.

**George** was aware of the support he could receive as a result of his career as a support worker. However, he felt that he could not reach out to former colleagues/services he knew about, as he was scared he would be judged.

**Peter's** GP suggested he go to a mental health unit. He tried to go but walked away. He lied to professionals and played down his mental health problems because he couldn't see himself living in a 'mental hospital'.



## How could support be improved?

Some of the men we spoke to had received targeted support for the specific issues they faced – for example, access to drug rehabilitation services.

When the men had received support earlier in life, it was often focussed exclusively on a single issue. This focus often led to a failure in exploring the other problems the men were experiencing. For example, health conditions may have put them in contact with health professionals, but other issues had not been detected or acted upon. Another example of focused support, which led to missing wider problems was the resettlement support that individuals were given upon release from prison. Those who received it described it as helping them to get housing, but didn't explore how to help the men make changes elsewhere in their lives as they were going through a difficult period of transition.

**Peter** started drinking at a young age. He describes being a teenager and getting drunk at home alone in his room. When he started working after leaving school, he would spend all his spare money on alcohol, taking home a bottle of whiskey and drinking the whole thing alone in his room. Despite a suicide attempt which resulted in him being prescribed antidepressants aged 19–20, he did not receive support for his alcoholism until he was nearly 40. Throughout this time, he had been in touch with his GP over his depression. His drinking remained a problem for the next 20 years. Throughout the period of his drinking he endured multiple incidences of homelessness and was in a long-term relationship where he acted abusively toward his partner. He describes the moment he joined AA as a turning point, and since then he has engaged with more services such as a back to education scheme and CBT treatment that has had a positive impact on his outlook.

For most of the men we spoke to, family and friends were often increasingly distant in periods where they were struggling to cope. As we saw within Chapter 1, some simply did not have close social connections to turn to for help during these times. For others, family and friends were available but seemed to lack both the practical ideas and emotional resources to help.

**David** commented that after one of his suicide attempts relatives said that he should have got in touch with them before he reached this point. Whilst this was a compassionate thing to say, David feels that it was not enough and came too late. "At the end of the day if I rang you one night saying I'm on a bridge and you're 180 miles away, there's not a lot you can do really."

**Jack** said "My wife doesn't really recognise my feelings of depression or know what to do about it."

**John** used to play at a tennis club almost daily. After the death of his mother and his partner he had difficulties controlling his temper. He would have outbursts at the other players for making simple mistakes during the matches. He rarely goes to the tennis club now. "I don't have the get up and go today, it's too much hassle." He thinks the other players are thinking 'when we next change all the players around I hope that I'm not playing doubles with John.'

The few cases in which men did actively seek out services tended to be in instances which were related to 'finding something to do' as opposed to 'needing help'. The men in our sample also spoke of moments where an intense feeling of disconnection led them to reach out. They did this either by calling Samaritans "for some sort of human contact", joining groups such as Alcoholics Anonymous or Narcotics Anonymous, or going to

the local library to enquire about groups they might be able to join. This presents an opportunity for services to frame their support around human contact and goal-oriented activity, which seems to hold greater appeal and ease-of-access.

**Jack** sought out something to do at the local library after feeling like he was not achieving anything and was spending much of his time watching TV. "I wanted a bit of life I never had before."

After a prolonged period where **Fred** was not leaving his flat, he took it upon himself to visit a GP. He does not know what prompted him to take this step.

**George** has recently started going along to a local football group. "I play 5-a-side football on a Tuesday, and get match tickets as well. What excuse have I got, it's there, at the end of the street."

## Summary

There were many opportunities to engage these men before they reached a crisis point – for example when coming into contact with healthcare professionals, the criminal justice system or a job centre. Unfortunately, proactive enquiries about the men's wellbeing, stemming from existing contact with statutory services was rarely experienced by the men we spoke to.

Support from statutory services was often focused on a single issue, but these are missed opportunities to support men with wellbeing issues like a lack of human connection or purposeful activity. Whether it is community-based support services being more proactive in searching for referrals, reaching in or statutory services referring out, more needs to be done to take advantage of these service touchpoints.

Instead, this support was usually only received when men were a risk to themselves or others. This was normally the result of a determined individual advocating on the person's behalf, rather than services taking the initiative to engage and work together.

Waiting until crisis point often meant the support was less likely to be successful. The men described being less likely to ask for or accept support the more they were struggling, showing the importance of proactive and early support when opportunities arise.

Currently there is a vacuum of responsibility before the point of crisis. As a result, the men we spoke to continued to struggle and became increasingly vulnerable. The second phase of this work, which follows this report, explores how services can appeal to and engage this group earlier.

### 3. What does this mean for supporting men?

While, as demonstrated in the previous chapters, this group of men experience significant challenges and support is often not readily available, there are existing support services that try to tackle this problem. However, the evidence for these is often limited. Where it does exist, available evidence is mainly anecdotal. This doesn't mean this support is ineffective – we are just lacking evidence to draw such conclusions.

Within this chapter we assess the available evidence alongside men's experiences to fill some of the gaps in what we know about what works in preventing suicide among less well-off, middle-aged men. This lived experience perspective brings to life the key characteristics of effective support for this group of men.

These characteristics for engaging and supporting less well-off, middle-aged men were identified from both the evidence review and lived experience research. There was promising overlap between what this group of men told us was important to them, and some of the approaches being taken in local communities. This section will explore these characteristics and why they mattered to the men we spoke to.

#### Inclusive initiatives

Overall, we found that men's experiences were often defined by how inclusive the service or initiative felt.

Several had intended to go into a service but had not gone inside at the last minute due to embarrassment or apprehension.

Some were unsure if the initiative would be 'for them', while others felt embarrassed about going because that meant admitting to needing help. From both the men's lived experience and the evidence review a number of features seemed important when designing an inclusive initiative.



## Positive first impressions

The first moment of going along to an initiative seemed to be very important in helping men to engage. For many, stepping through the front door involved overcoming deep-rooted feelings of embarrassment or stigma.

Initiatives should aim to minimise any barriers to engagement when men do manage to get through the front door. For instance, initiatives with fewer pre-requisites (eg, certain skills, or certain expectations around what they were meant to do) were seen as more accessible and created a more inclusive environment. The initiatives uncovered through the evidence review showed a range of ways this could be done.

The first time **Ian** went along to the depression group "I sat in the car and didn't go in. I couldn't pluck up the courage. It was embarrassment that stopped me going in. I was embarrassed to talk about depression with other people. I know now that lots of other people also struggled to go in first time... When you're new to a group, it can be intimidating to share because you don't know people very well. But it's a big burden off your shoulders when you do."

**Dylan** now goes to a men's community group where he has become an established member. Before joining, Dylan had gone to a 'drinking tea and playing cards' event organised by the local church. However, he didn't feel comfortable in this environment as he didn't know the card games that they were playing. His support worker had to initiate conversation with the regulars asking if Dylan could play cards with them. In contrast, this new group has always made him feel welcome. At his first visit he sat down and had a cup of tea and was quickly having a chat with the other men. "I went downhill rapidly. If it weren't for this place I wouldn't be here now.... It's so friendly here. Started coming down and I haven't looked back. I'm here everyday if I can."

**Richard** had a similar experience of feeling welcome and comfortable in a friendly space. Richard was an avid golfer and played almost seven days a week until he started to have problems with his knees and could no longer play. After stopping playing, he started to feel unwelcome at the golf club and looked around for activities to do with likeminded men. He felt welcome from his first visit to a men's community group and now attends five days a week.

Several of the activity-based initiatives that were looked at through the evidence assessment organised some form of introductory session that would help people feel more comfortable getting involved with the formal sessions. An example of this is Place2Place football, which offers an introduction session so that people who might be interested in joining. New attendees get a chance to meet some of the coaches and team members before formally joining.

Many initiatives also offered men the option to meet the person outside of the session first, to make the experience of attending for the first time more comfortable. One person who ran an OCD peer-support group talked about how she found that middle-aged men were often in need of more encouragement and reassurance before coming along to their first session. She said that she would often have corresponded with these men over email for a longer period of time, and would also encourage them to come along before the beginning of a session so that they could get to know her as well as the venue before deciding to stay for the session.

James ran a drama group in South London for older black men who seemed to be struggling. He encouraged men to come along by framing the session as a safe space to explore the issues that were important to them. He says to the men that "maybe it would be useful or maybe it wouldn't", but suggested they come along for a taster session. He found that the men were more open to coming if they didn't have to commit right away.

## Peer support

The men we spoke to wanted to feel like they had something in common with others, whether that be shared experiences, or shared enjoyment of certain activities.

Many men engaged with initiatives where there were other people who had had similar experiences to them or had gone through other tough times. Men benefited from and found it easier to deal with the issues that they were facing when they knew that there were other people experiencing similar things. They liked knowing they weren't alone in their struggles.

Some found it useful to discuss their experiences and strategies for coping directly, whereas for others, it was enough to know that the people around them had their own issues, without directly talking about them.

Many of the men built up relationships with other attendees and started looking out for each other. The men appreciated it when people noticed that they were not there. A lot of men talked about dropping out of services and then being drawn back in because someone noticed and sought them out.

**Ian**, who initially felt intimidated by the idea of going to a depression group, reflected on the positives of being part of the group. He talked about how knowing that other people were struggling with similar things, and learning about what they did to deal with their issues, was very helpful. "Hearing other people's experiences is helpful because it shows you what other people are doing and reminds you to try that yourself."

**Peter's** experience with AA changed his life. "It's had the biggest impact in my life." As a part of this group Peter felt able to talk, "I could say what was actually inside my head" and was supported by a group of individuals he could relate to.

**Jack** explained how being a part of a men's group has allowed him to start another episode of life. This group is a space where men can choose to talk about themselves or not. In the end Jack explained that "apart from our age we all had something in common. We've got problems."

**Tom** has been going to a weekly group which has a community allotment.

If Tom doesn't go to the group, the man who runs the group will come round and check he's OK and persuade him to keep attending.

**Fred** said that unlike other interventions which were "too regimented," the peer-support group he joined helped him be "more in control." He particularly liked the reciprocal nature of the group; being listened to but also listening to others. "It was just a big circle, it was brilliant!"

From the evidence review, 13 of the initiatives that we reviewed were in some way creating communities and meaningful connections between people who have had similar experiences or interests. Four of these initiatives were structured around peer support. Most of the evidence around efficacy of these initiatives was anecdotal. However, from the people we spoke to who are providing these initiatives, many testified to the importance of peer support and helping people realise that they are not alone.

## Created by and for the community

Out of the services that the men we spoke to engaged with, the ones that had been more successful at engaging men over a longer period of time were usually initiatives that had appeared organically within the community.

They were often developed and run by community members who had similar needs and experienced a gap in services. This meant that the initiatives were often built around the culture of that community and used language and concepts that were familiar to that community.

By using familiar language and concepts, the men said they were more likely to engage because the initiatives felt less intimidating.

A Men's Shed we visited was initially set up by six men who saw a gap in service and decided to organise something that would fulfil their needs. They had all previously been part of a support group attached to a woodworking workshop. When the support group moved to a location that did not have space for woodworking, the

men decided to start their own workshop. Later they joined the Men's Shed Umbrella, which they felt aligned with their values. They said that joining Men's Shed did not change the group but was a way to build networks and access funding more easily.

An organisation working in a rural area aims to support farmers with their mental health. Farmers can be under lots of different pressures, for example long hours, social isolation and little opportunity for holiday. This can make the group particularly difficult to engage in support groups. This organisation provides weekly support to farmers and their families, and focuses its engagement on outreach at local events including the farmers market. By positioning themselves in this familiar setting, their support staff have become known by the community and are more easily available to farmers within their daily lives.

One organisation highlighted how important it is to adapt language and concepts to the context in which a service is being implemented, and to involve the people that you are targeting with your initiative early on in the service design process. It can be difficult to engage high-risk groups with mental health and wellbeing initiatives. The Movember foundation worked in collaboration with one high-risk group, farmers, to design tools for wellbeing, framing them as 'farmer-to-farmer tips'. They used familiar concepts to ensure the tips resonated, for instance through the analogy that looking after yourself as a farmer is the same as looking after your farm.

## Self-awareness & humour

Many services and initiatives used humour as a tool of engagement, eg, through naming themselves in a way that men saw as 'tongue in cheek' or 'telling it like it is'.

This approach made the service or initiative seem less serious, and by extension more approachable. In addition to this, humour allowed the people who took part in the initiative to feel like they had control of their own narrative.

### Tools Shed – Some Loose Screws

By using humour and making jokes about how they all had some "loose screws", the Tools Shed were able to have some humour about their situation and make it feel less serious. This meant that there was less stigma attached to being a part of the group, and made people feel like they had more control of their own narrative.

One of the services that were highlighted through our call for evidence was the work-place health training run by Mengage and ManHealth called Blokes: Brains, Brawn & Balls – A Health Intervention for Men. The 4B's training is a health training programme for men that aims to help men tackle the top-five preventable killers of men – one of which being suicide. They deal with these difficult topics through humour, making them more approachable and less intimidating.

## Purposeful goals

At the simplest level, some men found attending activities or sessions helpful to them, because it got them out of their house, broke up their day and enabled them to connect with the outside world.

Having a routine and a regular place to go was important to counter feelings of boredom and loneliness. Beyond this, the men spoke of a range of ways support groups had given them a sense of purpose or fulfilment.



## Contributing, not 'fixing'

Many services uncovered through the evidence review were framed as offering help and support. This was considered limiting in two ways. Firstly, this was perceived as implying that there was something 'wrong' with the men that needed to be 'fixed'. Secondly, the men spoke of the stigma they felt around asking for support, which meant that men found it much harder to engage with help-seeking services.

Many men said they valued the sense of purpose that came from an initiative not making them feel like a beneficiary, but rather enabling them to contribute. By designing initiatives as an opportunity to give something, the initiative becomes less to do with 'being fixed' or help-seeking and therefore is likely to appeal at an earlier, more preventative, point.

In some cases, men talked about the benefits of helping or giving advice to people who were going through something similar to them. In other cases, helping out people who were quite different from them also seemed to have positive benefits, as it fostered social connections with others and provided a sense of purpose.

**Ian** was part of a gay parents' group where people gave each other advice on how to come out to their children. Even if people had already come out to their families, they still carried on attending in order to support others.

**Tom** enjoys helping out at the soup kitchen for older local residents which runs out of the community centre he attends. It's framed around helping others. However, it was also a strong source of support for him, as he would talk to the older men there about their lives and they would help him gain perspective and reflect on his own

problems. "There are some amazing OAPs. I get to cook food and talk to the older people. One was alive during WW2 and he talks about all his experiences and it gives me some perspective on my own life."

**Satnam** now cares for his elderly parents more and more. Although not a formal service, Satnam commented how when he was not working, this helped him to build a structured routine and pull him out of his downward spiral.

Movember find that men often find it more appealing to view helping themselves as a means of helping others. They have found that framing a service as 'learn how to be a better mate' as opposed to 'learn how to improve your mental health' is a more positive way of engaging men and getting individuals to think about their own health in relation to others.

## Men as co-leaders or facilitators

Many of the men said they liked contributing in some way to running or facilitating the service itself. This made them feel valued and respected as a member of a community.

This mirrors and builds on findings reported in Chapter 1, relating to men's experiences of lacking in confidence and their sense of self-value, which clearly contributed to their wellbeing. The men who had some sort of responsibility were often more likely to attend regularly and engage more with the initiative or service.

**Jack's** involvement with the men's group has given him a renewed sense of responsibility and pride. Being responsible for collecting subs and opening the group has "made me feel good that someone relied on me, trusted me, and I'm not a waste of space."

Through the evidence review and call for evidence we found that several initiatives engaged men as co-leaders or facilitators. This was done in a range of different ways such as peer-support training schemes, sports teams where people evolved from players to facilitators and coaches, and repair cafes where people would be given the responsibility of repairing different things based on their ability and expertise.

## Common mission or goal

A lot of the initiatives identified through the evidence review focused on getting people to participate in different activities that contributed to a group or a project.

These were often activity-based services that included creating or working on something as a group. This intended to bring people together in a way that was not forced, and create a more comfortable space for men to spend time together and build connections. As with many areas, the evidence base for this approach is limited apart from anecdotal evidence.

Many of the men we spoke to had engaged in initiatives that involved building or creating things. They spoke of enjoying the chance to learn from each other and gaining a sense of improvement over time. The main component that seemed important to the men was having a common mission or goal that they could work towards with their peers. The men also spoke about a sense of competition sometimes being enjoyable and making activities more engaging – for example playing chess or football.

**George:** "It's important to find that common ground, whether it be football or whatever... I don't care if it's crochet, it's about getting people together who have got that want to do that thing."

**Tom** sometimes plays snooker or chess with his uncle. "A bit of competition is good. We don't drink when we hang out together. It often ends up being a better evening than when I used to go out drinking."

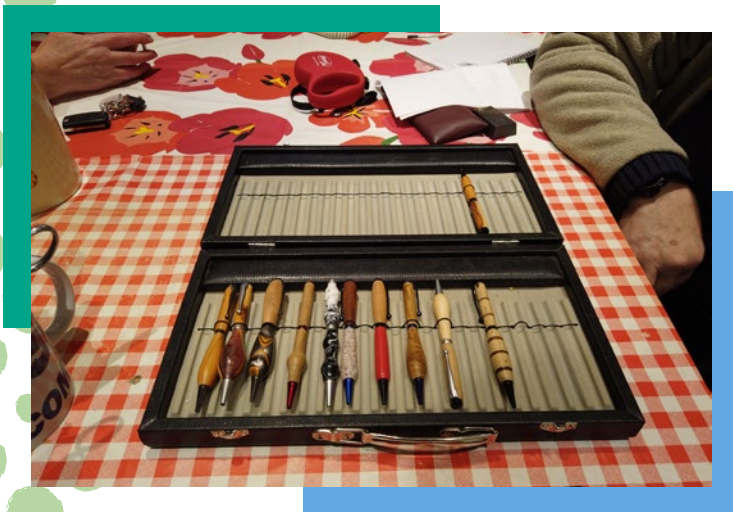
At the Men's Shed in Wales, many of the men spoke about how they were happy to be part of something and doing an activity that felt meaningful. **Jack** (43) talked about how the Men's Shed contributes to his life – "It's like my second family... I love all the guys here. [Working on projects here] gives me something to focus on."

**Satnam** really enjoyed working in retail in his late 20s and 30s. He said it didn't matter that they were just selling shoes – there was a real sense of a team working together. Satnam had "felt like smiling".

**Fred** receives personalised texts about things he might be interested in doing at the local men's community group, such as gardening, art classes or photography classes.

A group which runs a men's football league based in Wigan aims to get men together to play football through weekly matches supporting each other and promoting positive attitudes towards mental health.

It is important to note that such activities do not need to be based around sport or exercise. Men in Sheds Kemptown, run by Fabrica, is an arts-based organisation with the approach of providing support 'shoulder to shoulder' rather than face to face. The group provides workshops, outings and facilitated workshop time working on craft projects, in a peer supported environment.



## Summary

Our evidence review shows that the evidence-base for the effectiveness of suicide prevention support targeted at less well-off middle-aged men is limited, and there is a significant lack of reported findings on which initiatives are most effective.

Suicide prevention support that target less well-off, middle-aged men must be better evaluated (and better funded to do so) in order to robustly assess their impact.

However, the men with lived experience who took part in our research were clear about what could be done to engage and support them more effectively, and what had worked for them in the past. All services should apply this lived insight throughout the development and delivery of their services.

Rather than framing services around help-seeking, which can imply that there is something 'wrong' with men, services and initiatives should consider how men could be given opportunities to contribute. This could involve co-running or facilitating the service as well as just attending.

A sense of having something in common with others, and focussing on a shared goal were important in ensuring that initiatives were seen as natural rather than forced. The men we spoke to wanted to feel part of something, without being overburdened with conditions for getting involved and they were taking part in services which had been developed and run by members of the community where the service was located.

As well as being raised repeatedly in the lived experience research, these characteristics were also embedded in a number of initiatives uncovered through the evidence review. Through the second phase of this project, which follows this report, we will test and develop these support characteristics, exploring how to embed them in practice.

## 4. Conclusions

This research sought to build on what we already know about the gender and social inequality of suicide, and the reasons behind the high risk of suicide in less well-off, middle-aged men.

We combined ethnographic research, with assessment of the best available evidence, to uncover the challenges that this group of men face through their lives and build an understanding of what works for them.

The men we spoke to had been struggling, often for years, with poor mental health, suicidal feelings and some suicide attempts. Unsurprisingly, many of the findings mirror previous research which documents the risk factors and inequalities that this group of men face, which are closely related to their increased risk of suicide. Their experiences clearly demonstrate that there have been many missed opportunities to help them before they reached crisis point, especially when they came into contact with statutory services. Critical moments such as the point of job loss, contact with healthcare professionals or the criminal justice were not taken advantage of, despite these men being affected by multiple well-documented risk factors for suicide. Services often only became involved when men were a risk to themselves or others, and often only as the result of a determined individual persistently advocating on behalf of the person. By this 'crisis point' the men we spoke to often felt unable to accept support.

When statutory support was provided it was normally framed narrowly, based on a single issue, and for a short timeframe only. Often this narrow support was reflective of what the men felt their immediate needs were, but not of wider wellbeing needs.

Persistent and proactive engagement was key to reaching this group but this was unfortunately often absent. Statutory services dealing with issues such as substance misuse, housing issues or employment have an opportunity to be the 'hook' to engage these men and refer them into community-based suicide prevention services. Local authorities also have a role in supporting community-based support services to be persistent and proactive themselves, to help get vulnerable people through the door and into their services. This could help these men reconnect with their communities, offer them a sense of purpose and be the 'turning point' these men said they needed.

Community-based support services, focused on fostering connection and purpose, are rarely seen as a relevant option in these men's lives, before a crisis point.

While the evidence base for the effectiveness of community-based services is limited, the men we spoke to were clear about the characteristics that they wanted community-based support services to embody. Rather than specific activities based on common conceptions of what appeals to men, some more fundamental principles came through from their lived experience.



The opportunity to make a contribution, a feeling of inclusivity and the opportunity to work towards common goals were key facets of an engaging service, according to those we spoke to. These factors speak directly to some of the challenges these men have faced in earlier life, such as with their relationships and social connections, and experiences that have left them feeling like they are not fulfilling valuable roles (for themselves and others). Our conversations with these men also highlighted the importance of community and peer-led initiatives where participants take on roles as facilitators or co-designers.

This report presents an opportunity for local services to reframe their offer, to ensure that it is as relevant as possible to this demographic. This work that follows this report is centred around engaging with men with lived experience further to co-design and test exactly what support could work best for them, based on the insights provided through this research.

# Acknowledgements

## Respondents to the call for evidence

Responses to the call for evidence (only including those who do not wish to be anonymous).

Name of the organisation	Name of the individual responding on behalf of the organisation
Mengage Ltd.	Liam Kernan
RECOOP	Paul Grainge
ManHealth	Paul Bannister
Time to Change Wales	Lowri Wyn Jones
The ManKind Initiative	(Not specified)
NETSCC	Shelia Turner
Cardiff and Vale University Health Board	Jayne Bell
Fabrica	Claire Hankinson
Shelter	(Not specified)
East Sussex County Council	(Not specified)
Newcastle City Council / Local Government Association	(Not specified)
City of London Corporation	(Not specified)

### Individual responses

- Dr Ben Hine, Senior Lecturer in Psychology
- Dr Elizabeth Bates, Senior Lecturer in Psychology
- Steven Markham
- Sasha Forster

Additionally, there were 4 respondees who wished to remain anonymous.

## Research team

The project team at Samaritans were:

- Mette Isaksen
- Jacqui Morrissey
- Joe Potter
- Elizabeth Scowcroft

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